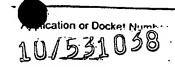
## PATENT APPLICATION. EE DETERMINATION RECORD Effective December 8, 2004



CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN	
(Column 1) (Column 2)								TYPE		OR	SMALL ENTITY	
U.S.	NATIONAL S	TAGE FEES						RATE	FEE		RATE	FEE
BASIC FEE			SMALL ENT.	AALL ENT. = \$ 150		E ENT, = \$ 300		BASIC FEE		OR	BASIC FEE	5/1
EXAMINATION FEE			Satisfies PCT Article 33(1)- (4) = \$ 50 / \$ 100			er situations = 100 / \$ 200		EXAM. FEE			EXAM. FEE	
SEARCH FEE			U.S. is ISA = \$50 / \$100 ALL other countries = / \$200 / \$400			er situations = 250 / \$ 500		SEARCH FEE			SEARCH FEE	97
FEE	FOR EXTRA S	PEC. PGS.	minu	s 100 =		/ 50 =		X \$ 125 =			X \$ 250 =	
TOTA	AL CHARGEAB	LE CLAIMS	3 5 ninus 20 = .			5		X \$ 25 =		OR	X \$ 50 =	750
INDE	PENDENT CL	AIMS	minus 3 = .			2		X \$ 100 =		OR	X \$ 200 =	11100
MUL	TIPLE DEPEND	DENT CLAIM PRE	SENT					+ \$ 180 =		OR	+ \$ 360 =	
* If the difference in column 1 is less than zero, enter "0" in column 2							_	TOTAL		OR	TOTAL C	2354
CLAIMS AS AMENDED - PART II											OTHER	THAN
(Column 1) (Column 2) (Column 3)							SMALL E	NTITY	OR	SMALL E		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVH PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	•	RATE	ADDI- TIONAL FEE
	Total	· 30	Minus	•• (		=		X \$ 25 =		OR	X \$ 50 =	7
	Independent	. 8	Minus	***	8	= (		X \$ 100 =		OR	X \$ 200 =	
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =	
_		······································		-			1	TOTAL ADDIT. FEE		OR	TOTAL ADDIT.	
ree ree												
_		(Column 1)		(Colu		(Column 3)			-		d۸.	
пв		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT B	Total	•	Minus	••		=		X \$ 25 =		OR	X \$ 50 =	
AMEN	Independent	•	Minus	***		= .		X \$ 100 =		OR	X·\$ 200 =	
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =	
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
			•									ļ
										,		
••	If the "Highest Nu	imn 1 is less than the mber Previously Pai	d For IN THIS SP	ACE is les	is than "21	7, enter "20".					•	ļ
***	If the "Highest Nu	mber Previously Pain nber Previously Pain	d For IN THIS SP	ACE is les	is than '3'	, enter "3".	d in t	ne appropriate box	c in column 1.	,		